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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**FACSIMILE TRANSMITTAL OF REVOCATION OF
POWER ATTORNEY WITH NEW POWER OF ATTORNEY
AND CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The attached "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address" forms (PTO/SB/82) are hereby submitted via facsimile to the United States Patent and Trademark Office regarding the following applications:

Application No.: 10/953,250

Filed: 09/28/2004

Inventor: Steven Garry

Application No.: 10/729,693

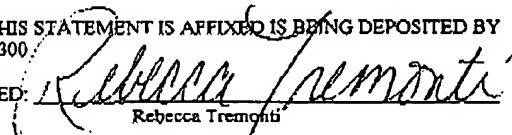
Filed: 12/05/2003

Inventor: Steven Garry

I HEREBY CERTIFY THAT THE CORRESPONDENCE TO WHICH THIS STATEMENT IS AFFIXED IS BEING DEPOSITED BY FACSIMILE TO THE COMMISSIONER FOR PATENTS AT 571-273-8300.

ON: August 10, 2005

SIGNED:


Rebecca Tremonti

Applicant hereby respectfully requests entry of these documents.

Respectfully submitted,

Date: August 10, 2005

By Kenneth C. Booth
Kenneth C. Booth
Reg. No. 42,342

BOOTH UDALL, PLC
1423 S. Higley Rd., Ste. 110
Mesa, AZ 85206
(480) 830-2700

PTO/SB/02 (04-05)

Approved for use through 11/30/2005, OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/729,693
Filing Date	12/05/2003
First Named Inventor	Steven Garry
Art Unit	1744
Examiner Name	
Attorney Docket Number	GARR-10037

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

54434

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

54434

OR

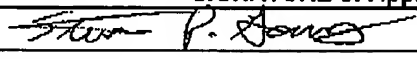
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Steven Garry		
Date	7-26-05	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/953,250
Filing Date	09/29/2004
First Named Inventor	Steven Garry
Art Unit	1744
Examiner Name	
Attorney Docket Number	GARR-10415

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 54434

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

54434

OR

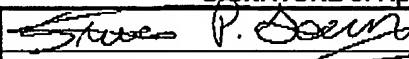
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Steven Garry		
Date	7-26-05	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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